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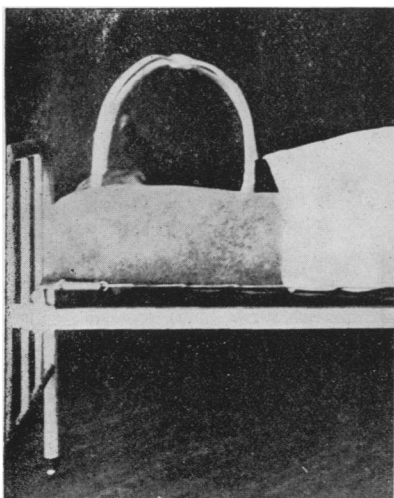
## SOME MODERN DEVICES

By MARY C. WHEELER, R.N.

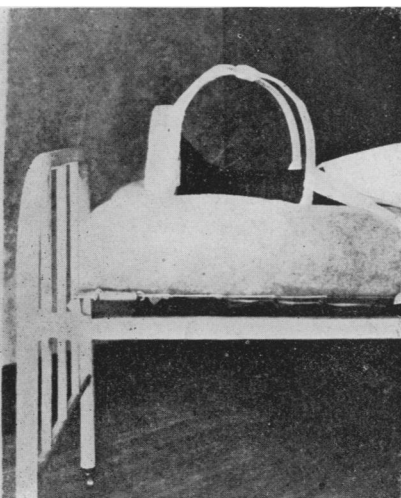
*Chicago, Illinois*

To those who are in constant need of providing means for the comfort of a patient, some of the suggestions illustrated may prove helpful. No. 1 and No. 2 show a foot support, devised by Ella Christensen, a member of the senior class of the Illinois Training School for Nurses. An ordinary cradle made from two half barrel hoops is used, to which a piece of canvas or other stiff material is sewed from right to left on the bars. A cotton pad is extended from the base of this cross-piece far enough up to fit the arch of the foot and is fastened securely to the cross-piece. The pad and cross-piece are then covered with a bandage to present a neat appearance. Two pieces of tape, each long enough to be fastened to the frame of the bed, are sewed on the opposite bars to hold the cradle securely in place. This support not only helps to prevent "drop foot," but also keeps the bed clothes away from the patient's feet.

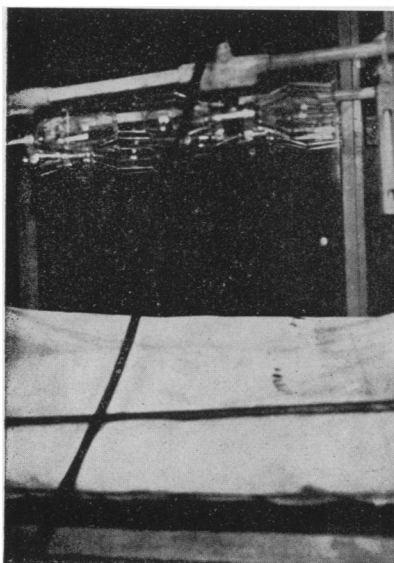
Illustrations No. 3 and No. 4 show a clean, convenient and successful way of giving a sweat bath. A frame is made of gas piping, carrying eight, shielded electric light bulbs. To place the patient in the bath, take and record the pulse. Remove the bedclothes, as for a general bath. Protect the bed with a long rubber sheet beneath the patient and place her between blankets. Allow pillows according to the patient's condition. Place the frame in position over the body, covering it with two blankets, placed crosswise, and then with two long rubber sheets, placed crosswise. Through the opening at the bottom of the frame withdraw the blanket covering the patient. Turn on the lights and regulate the temperature, making it from 90 to 100°F. Place a hot water can at the patient's feet. Fold the bottom blanket and rubber sheet upward over the lower edge of the frame and about the neck, shoulders and feet of the patient. Fold the blankets covering the frame under these and around the neck, shoulders and feet of the patient. Finish with an extra blanket and cover with a spread. Put a cold compress on the patient's head, changing it frequently. Give hot drinks. Watch the patient's condition, recording the pulse every ten minutes. Leave her in the sweat from thirty-five to forty-five minutes. Turn off the lights and remove the frame and blankets. Wrap the patient in warm dry blankets and leave her



No. 1



No. 2



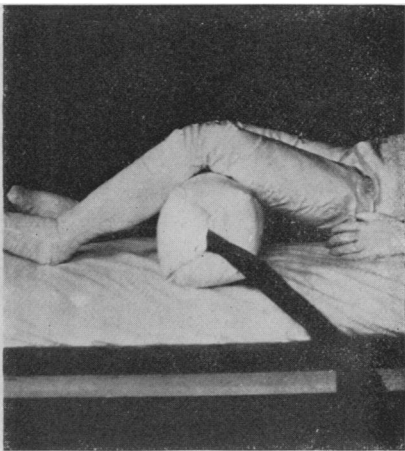
No. 3



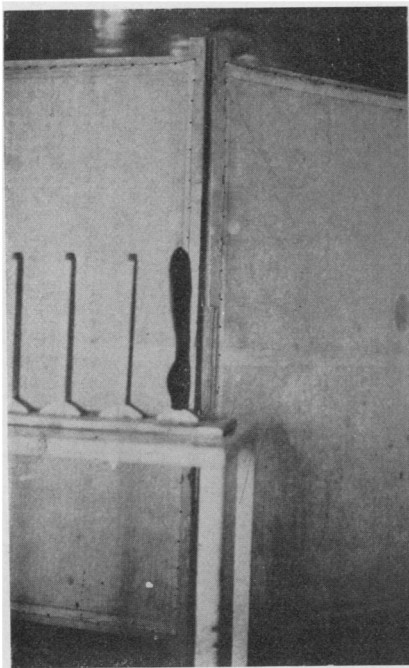
No. 4



No. 5



No. 6



No. 8



No. 7

thus for one-half hour. The sweat can be given successfully without the rubber sheets.

Illustrations No. 5 and No. 6 show a roll made to support the knees when a patient is placed in a sitting posture. It has proved very useful for those who are inclined to slip down in bed. Blankets are rolled over a stout bandage, then are covered with a muslin sheet and rubber sheet, if necessary. The bandage ends may be tied to the spring, as in the illustration, or to the head of the bed, to hold the roll firmly in place. An advantage of the blanket roll is that it may be made large or small to suit the needs of the patient.

No. 7 shows the "heart case" made comfortable when sitting up in bed by providing her with a bedside table, the front legs of which have been shortened. A pillow is placed on top and on this she can rest her arms.

A wooden rack, No. 8, may easily be made to hold the inverted rubber ice-bags while they are drying.

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#### A SUGGESTION

When giving powders, dry, to children, try emptying the powder underneath the tongue, with instructions to keep it there until sufficient water has been taken to wash it down the throat. In this way there will be no taste whatever.

*Colorado.*

I. M.